

**METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY, TENNESSEE**

**SHORT VENDOR APPLICATION FOR ARTS COMMISSION**

MAIL THIS APPLICATION TO:

Metro Nashville Arts Commisison  
800 2nd Avenue South  
PO Box 196300; Nashville, TN 37210  
Fax: 615-862-6731 email: Ian.Myers@nashville.gov

**1) TRANSACTION TYPE**

IF TRANSACTION IS NOT LISTED ABOVE, DO NOT USE THIS FORM. CONTACT [isupplier@nashville.gov](mailto:isupplier@nashville.gov) FOR VENDOR REGISTRATION.

**2) ADDRESS INFORMATION**

**PLEASE TYPE OR PRINT**

(Address where correspondence etc are to be mailed)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_

PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

COUNTY \_\_\_\_\_

Employee Number if applicable \_\_\_\_\_ Vendor Number Assigned (for Metro use only) \_\_\_\_\_

**3) TAX INFORMATION\***

LEGAL NAME ON TAX RETURN FOR IRS \_\_\_\_\_

TYPE OF TAXPAYER (Select one code and fill in ID # information)

☐ C - Corporation (except Medical/Legal) Federal Tax Id # \_\_\_\_\_

☐ N - Partnership or Medical/Legal Corporation Federal Tax Id # \_\_\_\_\_

☐ P - Individual or Sole Proprietor Social Security # \_\_\_\_\_

\* Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a \$50 penalty. \*

**4) SIGNATURE**

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT: **Arts Commission** Contact Name:: Ian Myers

Phone 615-862-6730

Approved by: \_\_\_\_\_  
Jennifer Cole, Director Date \_\_\_\_\_